

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7	①			1		
8	①			1		
9	①			1		
10	①			1		
11	1		1			
12	1		1			
13	2			1		
14	①			1		
15	①			1		
16	①			1		
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TOTAL IND.			2			
TOTAL DEP.			15			
TOTAL CLAIMS			17			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			